

**State of Connecticut
Department of Public Health
Division of Health Systems Regulation**

IN RE: Hillcrest Healthcare, Inc. of Uncasville, CT. – Licensee
Hillcrest Healthcare Center
5 Richard Brown Drive
Uncasville, CT 06382

CONSENT ORDER

WHEREAS, Hillcrest Healthcare, Inc. of Uncasville, CT. (hereinafter called the “Licensee”) has been issued Licensee No. 2016-C to operate a Chronic and Convalescent Nursing Home known as Hillcrest Healthcare Center (hereinafter the “Facility”) by the Department of Public Health (hereinafter the “Department”); and

WHEREAS, the Division of Health Systems Regulation (hereinafter the “DHSR”) conducted unannounced inspections on various dates commencing on June 27, 2003 up to and including March 3, 2004 for the purpose of conducting investigations, certification and follow-up visits; and

WHEREAS, the Department, during the course of the aforementioned inspections identified violations of the Connecticut General Statutes and/or Regulations of Connecticut State Agencies in a violation letter dated May 10, 2004 (Exhibit A – copy attached); and

WHEREAS, informal conferences were conducted on March 22, 2004 and April 15, 2004 with respect to the May 10, 2004 violation letter at the office of the Department; and

WHEREAS, the Licensee and its shareholders are willing to enter this Consent Order and agree to the conditions set forth herein.

NOW THEREFORE, the Division of Health Systems Regulation of the Department of Public Health of the State of Connecticut acting herein and through Marianne Horn, its Director, and the Licensee, acting herein by John Antonino, its President, and the shareholders of the Licensee in their individual capacity hereby stipulate and agree as follows:

1. The Licensee shall surrender its license to the Department within one hundred and fifty (150) days from the execution of this Consent Order. In the event that a change of ownership application is not approved for this facility, the Licensee hereby consents to the Department's application for the appointment of a receiver if the Department elects to make such an application under Conn. Gen. Stat. § 19a-541 et seq.
2. In accordance with Connecticut General Statutes Section 19a-494 (a)(5) the license of the Licensee is hereby placed on probationary status until such time as the license is surrendered. The conditions of probation are as follows:
 - a. The Licensee shall be precluded from selling the Facility to any individual or entity without the prior approval of the Department and shall provide such information and/or documentation regarding any such sale that the Department in its discretion deems necessary to approve the new operator or owner of the Facility.
 - b. Until such time as the Licensee surrenders its license or an approved change of ownership is effectuated, the Licensee shall comply with the provisions delineated in (i) the Consent Order executed June 11, 2003 (Exhibit B - copy attached) and (ii) the Interim Consent Order executed March 24, 2004 (Exhibit C – copy attached) and the following provisions:
 - Maintain the hours of services of the Independent Nurse Consultant and the Temporary Manager at forty (40) hours per week each; and
 - Maintain a ratio of eight (8) patients to one (1) nurse aide between the hours of 7:00 AM to 3:00 PM; ten (10) patients to one (1) nurse aide between the hours of 3:00 PM to 11:00 PM and fifteen (15) patients to one (1) nurse aide between the hours of 11:00 PM to 7:00 AM .

3. The Licensee upon execution of this Consent Order shall pay a civil penalty of two hundred thousand (\$200,000.00) dollars. Said payment shall be received by the Department no later than two (2) weeks after the effective date of this Order. The check shall be payable to the Treasurer of the State of Connecticut and directed to:

Barbara Yard, Health Program Supervisor
Department of Public Health
Division of Health Systems Regulation
410 Capital Avenue, MS #12HSR
Hartford, CT 06134

4. Any records maintained in accordance with any state or federal laws or regulations or as required by this Consent Order shall at all times be made available to the Department upon request.
5. The Licensee and all shareholders with a 10% or greater ownership interest in the Licensee agree that they shall not acquire any ownership interest in a healthcare facility licensed by the Department or any other form or type of health care provider in the State of Connecticut or which serves the residents of the State of Connecticut.
Notwithstanding the provisions of this paragraph, the shareholders may transfer their ownership interest in a nursing home facility owned by them as of the effective date of this Consent Order to third persons or other shareholders subject to the provisions of Conn. Gen. Stat. sec. 19a-493 provided written notice to the Department shall be submitted ten (10) business days in advance of any said transfer, except that the shareholders may transfer their ownership interest in shares of the Licensee only after surrender of its license to the Department.
6. Acknowledgement that the Licensee and shareholders have reviewed and accept the terms of this Consent Order shall be evidenced by execution of this Consent Order.
7. All parties agree that this Consent Order is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. Nothing herein shall be construed as limiting the Department's available legal remedies against the Licensee and

its shareholders for violations of the Consent Order or of any other statutory or regulatory requirements, which may be sought in lieu or of in addition to the methods of relief listed above, including all options for the issuance of citations, the imposition of civil penalties calculated and assessed in accordance with Section 19a-524 et seq. of the General Statutes, or any other administrative and judicial relief provided by law. This Consent order may be admitted by the Department as evidence in any proceeding between the Department and the Licensee and the shareholders in which compliance with its terms is at issue. The Department may petition any court with proper jurisdiction for enforcement of this Consent Agreement in the event the Licensee or any of its shareholders fails to comply with its terms. The Licensee and its shareholders retain all of their other rights under applicable law.

8. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the MFCU or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.

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IN WITNESS WHEREOF, the parties hereto have caused this Consent Order to be executed by themselves, their respective officers and officials, which Consent Order is to be effective as of the later of the dates noted below.

HILLCREST HEALTHCARE, INC. OF
UNCASVILLE, CT. - LICENSEE

October 14, 2004

Date

STATE OF

Connecticut

County of

New London

By:

John Antonino
John Antonino, as its President

On this the 14th day of October, 2004, before me, Bernadette M. Beene, the undersigned officer, personally appeared John Antonino who acknowledged himself to be the President of Hillcrest Healthcare Inc., a corporation, and that he, as such President, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as President.

In witness whereof I hereunto set my hand.

My Commission Expires: 8/31/05
(If Notary Public)

BERNADETTE M. BEENEY
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2005

Bernadette M. Beene
Notary Public

Justice of the Peace

Town Clerk

Commissioner of the Superior Court

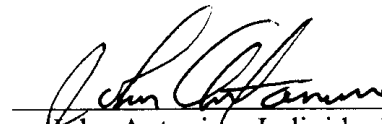
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October 14, 2004
Date

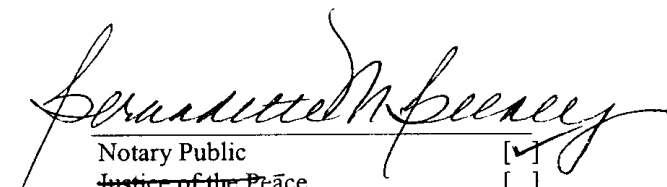
By: 
John Antonino, Individually

STATE OF Connecticut
County of New London

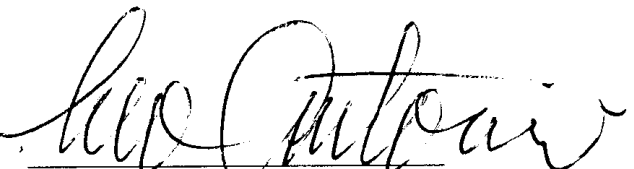
On this the 14th day of October, 2004, before me, Bernadette Beeneey, the undersigned officer, personally appeared John Antonino, known to me (or satisfactorily proven) to be the person whose name John Antonino subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

My Commission Expires: 8/31/05
(If Notary Public)
BERNADETTE M. BEENEY
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2005


Notary Public ☒
~~Justice of the Peace~~ ☐
~~Town Clerk~~ ☐
~~Commissioner of the Superior Court~~ ☐

October 15, 2004
Date

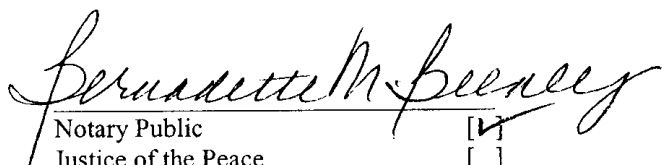
By: 
Leo Antonino

STATE OF Connecticut
County of New London

On this the 15th day of October, 2004, before me, Bernadette Beeneey, the undersigned officer, personally appeared Leo Antonino, known to me (or satisfactorily proven) to be the person whose name Leo Antonino subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

My Commission Expires: 8/31/05
(If Notary Public)
BERNADETTE M. BEENEY
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2005


Notary Public ☒
Justice of the Peace ☐
Town Clerk ☐
Commissioner of the Superior Court ☐

October 18, 2004
Date

By: Elizabeth Occhionero
Elizabeth Occhionero

STATE OF Connecticut
County of New London

On this the 18th day of October, 2004, before me, Bernadette M. Beene, the undersigned officer, personally appeared Elizabeth Occhionero, known to me (or satisfactorily proven) to be the person whose name Elizabeth Occhionero subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.
In witness whereof I hereunto set my hand.

My Commission Expires: 8/31/05
(If Notary Public)

BERNADETTE M. BEENEY
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2005

Bernadette M. Beene
Notary Public [☒]
Justice of the Peace []
Town Clerk []
Commissioner of the Superior Court []

October 18, 2004
Date

By: Christine Mercado
Christine Mercado

STATE OF Connecticut
County of New London

On this the 18th day of October, 2004, before me, Bernadette M. Beene, the undersigned officer, personally appeared Christine Mercado, known to me (or satisfactorily proven) to be the person whose name Christine Mercado subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.
In witness whereof I hereunto set my hand.

My Commission Expires: 8/31/05
(If Notary Public)

BERNADETTE M. BEENEY
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 2005

Bernadette M. Beene
Notary Public [☒]
Justice of the Peace []
Town Clerk []
Commissioner of the Superior Court []

Licensee: Hillcrest Healthcare, Inc. of Uncasville, CT.
Page 8

STATE OF CONNECTICUT,
DEPARTMENT OF PUBLIC HEALTH

10/20/04
Date

By: Lucretia B. May, A.B., M.Arch., M.A.
~~for Marianne Horn, R.N., J.D., Director~~ PHSM
Division of Health Systems Regulation
IRVING D. MOY, PHSM

749497



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 10, 2004

Debrah Putman, Administrator
Hillcrest Health Care Center
5 Richard Brown Drive
Uncasville, CT 06382

Dear Ms. Putman:

An unannounced visit was made to the above facility on *January 27, 2004* by a representative of the Division of Health Systems Regulation, Building and Fire Safety Unit for the purpose of conducting certification and/or licensure inspection.

Attached are the violations of the regulation of Connecticut State Agencies and/or General Statutes of Connecticut, which were noted during the course of this visit.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by May 24, 2004 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components:

- a. **Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, in service program, repairs, etc.).**
- b. **Date corrective measures will be effected.**
- c. **Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.**

If there are any questions, please do not hesitate to contact this office at (860) 509-7500.

Sincerely yours,

A handwritten signature in black ink, appearing to read "S. J. Longo".

Steven J. Longo, B.S.
Health Services Fire Safety & Construction Unit Supervisor
Division of Health Systems Regulation

Enclosures
c: licensure file



Phone: (860) 509-7500
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HFC
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

DATE(S) OF VISIT: 01/27/04

THE FOLLOWING VIOLATIONS OF THE STATE OF CONNECTICUT
PUBLIC HEALTH CODE AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

1. On 01/27/04 during a tour of the facility, the following was observed:

- a) The smoke doors by room B134 failed to fully close and the fire doors by the laundry failed to positively latch
- b) The Kitchen and Dish Room doors were equipped with slide bolt latches. Subsequent to these observations an immediate plan of correction was put in place and the slide bolt latches were removed
- c) Documentation was not provided to indicate that the gauges on the automatic sprinkler system had been replaced and/or calibrated as required by NFPA 25
- d) The facility failed to keep its exits clear of snow and ice accumulation i.e. lower level exit from recreation and the stairwell exit by Room 120 could not be opened fully. Subsequent to these observations an immediate plan of correction was put in place and the exits were cleared
- e) The facility was storing Liquid Oxygen in the facilities transfilling room in excess of the quantities allowed in NFPA 99 Chapter 4, Sec 3.1.1.2 (b) 1 and NFPA 50 Chapter 2, Sec 1 i.e. three (3) LS160 tanks, five (5) Companion 41 tanks and four Companion 31 tanks totaling approximately 23,000 cubic feet of oxygen. Subsequent to the surveyors observations an immediate plan of correction was put in place and the oxygen company was contacted and the additional tanks were removed until the facility was in compliance
- f) The facility was storing combustibles within the oxygen storage room i.e. oxygen tubing and supplies in plastic bags in quantities greater than daily use
- g) The walk-in refrigerator and freezer had food debris and spills under racks and the racks were rusting and had food debris
- h) The facility was storing patient care supplies and paper goods under sinks throughout the building i.e.; med rooms, nourishment areas, and soiled utility rooms
- i) The veneer was missing and/or peeling from the cabinetry in the med rooms, nourishment areas and soiled utility rooms throughout the facility.

DATE(S) OF VISIT: 01/27/04

THE FOLLOWING VIOLATIONS OF THE STATE OF CONNECTICUT
PUBLIC HEALTH CODE AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

- j) The vct flooring by the holding room is lifting and loose.
- k) The bath cores throughout the facility have cracked, missing and/or loose tiles and grout.

The above are violations of the Regulations of Connecticut State Agencies Section 19-13-D8t (f) Administrator (3)(A).